AN EXECUTIVE SUMMARY OF THE

Long-term Evaluation Results FOR THE CALIFORNIA *Kit for New Parents*

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PRESENTED BY

Center for Community Wellness
University of California, Berkeley

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FIRST 5 CALIFORNIA

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Introduction

The importance of parenting education

Each year, over 500,000 babies are born in California. These children and their families come from diverse cultural backgrounds and living circumstances, with a wide range of priorities and needs. A common priority among all our families in California—and the First 5 Children and Families Commission—is to give our children the best start in life.

Research shows that a healthy pregnancy and effective parenting practices during early childhood are critical for children's positive development and readiness for school. Parenting education can help meet these goals by supporting parents as they make important decisions about bonding with and reading to their infants, and about smoking, nutrition, health care, discipline, and safety.

Currently, parenting education programs use a wide variety of approaches to address a range of issues from pregnancy through early childhood. To date, evaluations of parenting education programs—both "comprehensive" interventions with home visits, classes, and support services, and interventions with only educational materials and a brief orientation—have shown modest, positive results in improving parenting knowledge and other outcomes. The most successful approaches have been those that build on parents' specific needs and learning styles, and are tailored to engage parents in their social environments.

Improving and extending successful interventions to large populations could have a significant positive impact on the health and development of young children. Studies show that many parents still lack information about how to best care for their young children. For example, parents have identified the need for more information about child development and behavior management, including discipline (Commonwealth Fund, 1996). In a national study, parents stated that "parent education" was their top agenda item for government action (Hart, 2001).

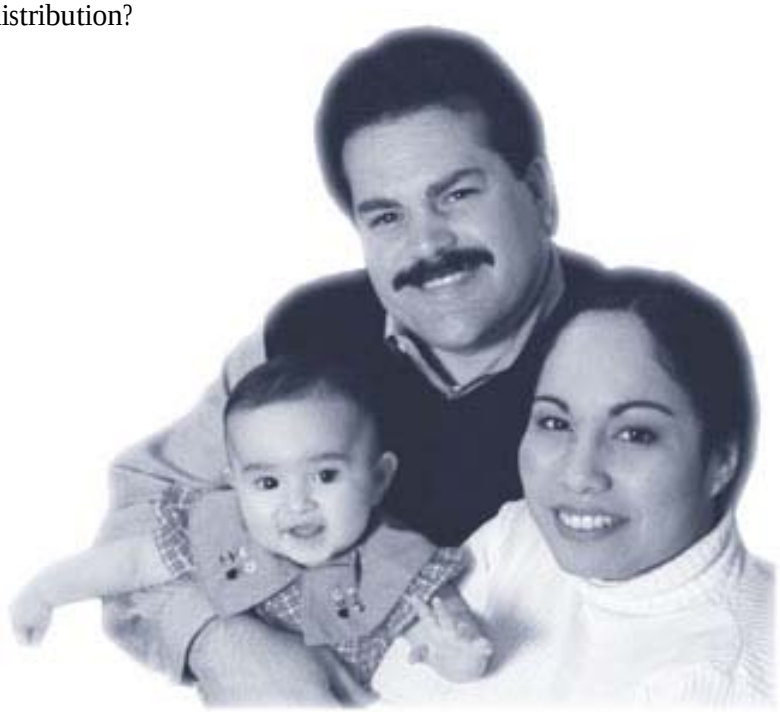
The First 5 *Kit for New Parents*

In 2001, in response to the widespread need for parenting education in California, the First 5 California Children and Families Commission (First 5) developed and began distributing the *Kit for New Parents*. Each *Kit* contains a baby book, and parenting education videos and written materials addressing prenatal care, early childhood development, nutrition, health, safety, childcare, and discipline. Originally produced in English and Spanish—and soon to be produced in Chinese, Vietnamese and Korean—the *Kit* is distributed

to California's new parents through prenatal care providers, hospitals, home visits, a toll-free telephone number, and other programs. The cost of production and distribution is about $17.50 per *Kit*.

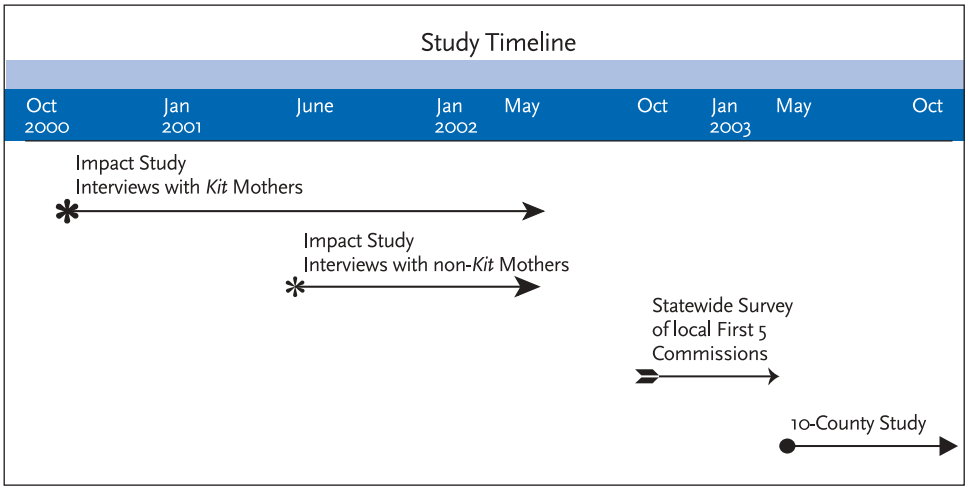
The *Kit for New Parents* is an innovative model for large-scale parenting education. To evaluate the *Kit*'s effectiveness and guide policy decisions about the *Kit*, the First 5 Commission selected the University of California, Berkeley, Center for Community Wellness to investigate the use and impact of the *Kit* during 2000-2003. This executive summary briefly details the findings from four major components of the evaluation: a Literature Review, an Impact Study (with parents), a Statewide Survey (of county *Kit* coordinators), and a 10-County Study (with parents and providers). Six overarching research questions were addressed:

1. How was the *Kit* distributed? What were the challenges?
2. Did providers and parents use the *Kit* and find it helpful?
3. Did parents learn from the *Kit*?
4. Did parents make positive changes in their practices because of the *Kit*?
5. Did the *Kit* enhance parents' emotional well-being and confidence in parenting?
6. What would improve the *Kit* and its distribution?



Methods

The timeline below shows when the Impact Study, the Statewide Survey, and the 10-County Study occurred.



Impact Study

This quasi-experimental, quantitative, longitudinal study measured parents' use of a pilot *Kit* and its impact in nine California urban and rural counties—Alameda, Contra Costa, Del Norte, Lassen, Los Angeles, Modoc, Orange, Santa Clara, and Tehama—prior to statewide distribution of the current *Kit*. Like the *Kit* now distributed statewide, the pilot *Kit* was colorfully packaged and contained a range of parenting materials:

- A set of five videos on (1) prenatal/child health and nutrition, (2) early childhood development, (3) child safety, (4) quality child care, and (5) early literacy (The discipline video was not included in the Pilot *Kit*.)
- 13 related brochures (later consolidated into the eight brochures in the current *Kit*)
- A *Parents Guide* with links to telephone and internet resources
- A cardboard baby book

Mothers who were pregnant or who had recently given birth were recruited into the study from a variety of programs, and each mother was provided with a pilot *Kit*. From October 2000 to May 2002, mothers who received the *Kit* were interviewed at three time points:

1. 542 mothers were interviewed just before they received a pilot *Kit*
2. 462 (85%) were reached by telephone six to nine weeks later
3. 350 (65%) completed another telephone interview 14 months after receiving a *Kit*

Mothers not receiving a *Kit* (1236 non-*Kit* mothers) were later recruited from similar programs. Eighty-two percent (1011) completed the six to nine week interview. This group referred another 414 mothers who completed an interview to be equivalent with the 14-month interview completed with *Kit* mothers.

The mothers in the study had ethnic backgrounds similar to those of parents and children most commonly enrolled in First 5 programs, with a majority of mothers of Hispanic origin.[1] Approximately half of the mothers chose to receive a pilot *Kit* in English, while the other half chose one in Spanish. A substantial number of the mothers had low incomes—about two-thirds were enrolled in Medi-Cal, and over half had a yearly household income of less than $30,000.

At all three time points, the same eight knowledge questions about issues covered in the *Kit* were asked of *Kit* and non-*Kit* mothers, and their answers were statistically compared. Selected attitudes about parenting and parenting practices were also compared. We also compared the answers between *Kit* and non-*Kit* mothers for:

- Mothers who were pregnant (at recruitment) versus mothers who had given birth prior to the study
- Spanish speakers versus English speakers
- Mothers whose partner also used the *Kit* versus those whose partner did not

Statewide Survey

The *Kit* Coordinators in all of the 58 counties' local First 5 Commissions were interviewed between November 2002 and February 2003. The purpose of the Statewide Survey was to better understand the challenges and best practices related to *Kit* distribution, *Kit* customization, local *Kit* training, and local use of the First 5 website. Coordinators were also asked to describe any local evaluations and to recommend changes to the *Kit*.

10-County Study

In the spring of 2003, 10 counties were selected to participate in this qualitative study, representing urban and rural areas across California: Humboldt, Imperial, Los Angeles, Napa, Placer, Sacramento, San Bernardino, Santa Barbara, San Francisco, and Tulare. In each county, the local First 5 Commission distributed the *Kit* to parents in one or more of these types of programs:

- Women, Infants and Children (WIC) programs
- Healthcare programs
- Childcare programs
- Programs that serve families with special needs

A total of 23 agencies participated in the 10-County Study—three were WIC programs, seven were healthcare programs, seven were childcare programs, and six served families with special needs. In each county, two to four agencies participated in the study. We held 23 administrator interviews (one per agency), 23 provider focus groups (one per agency), and 27 parent focus groups.

From focus groups with parents and providers and interviews with program administrators, we learned about their experiences with and beliefs about the *Kit*. Interviews with administrators typically lasted 30 minutes, and focus groups with providers and parents from 1 to 1.5 hours. Standardized interview and focus group protocols were followed.

1 First 5 California (2004).

Results

1. How was the *Kit* distributed? What were the challenges?

Statewide *Kit* distribution

The *Kit* was formally launched in November of 2001. As of February 2004, more than one million *Kits* had been distributed statewide. Each county had an allocation equal to their annual number of births. In the first year, 90% of the *Kits* were distributed to parents through a variety of community sites as well as hospital maternity wards. The remaining 10% were requested through the statewide toll-free number and postcard order forms. Most counties distributed *Kits* through pre- and post-natal home visits. Other distribution venues included prenatal clinics, teen parenting classes, other parenting classes, childcare centers, WIC centers, and pediatricians' offices. About one third of the counties restricted distribution to prenatal programs or to families with children younger than one year. County Commissions chose most local *Kit* distribution partners. However, interested programs could request to become distributors.

Kit customization

Between November 2002 and February 2003, nearly 75% of the counties across California were customizing their *Kits*. Some counties added educational materials, including local resource guides, a child development wheel, or books such as "What To Do When Your Child Gets Sick." Other counties inserted baby products such as infant oral health aids, outlet covers, and educational baby toys. The costs to add materials varied, with counties spending $1 to $15 per *Kit*. Many administrators thought that by coordinating their efforts with other counties they might successfully negotiate for lower prices.

Innovative practices

In the 10-County Study, we found many innovative uses of the *Kit*—for example to gain entry when conducting home visits, and as the core of a family life/parenting curriculum for teen mothers. The *Kit* was also distributed in a program for farm laborers, in a father's group, in a halfway house for incarcerated mothers, and in a program for parents disputing custody in the family courts.

Challenges

Initial shipping and distribution challenges reported from November 2002 to February 2003 were mainly solved by the time that the 10-County Study was conducted in summer of 2003. However, 50% of program administrators interviewed for the 10-County Study reported challenges with *Kit* storage, particularly for private heath care providers.

Introduction of the *Kit* to parents

Seventy-eight percent of the mothers in the Impact Study reported that someone opened the pilot *Kit* box and showed them what was inside. Mothers given this brief orientation used more of the informational *Kit* components in the following six to nine weeks than mothers who were given a *Kit* without orientation.

In over 60% of the focus groups in the 10-County Study, providers reported spending about five to 15 minutes to open the *Kit* box to show parents the contents. Parents found it helpful and believed that they might not have been as likely to use the *Kit* without the orientation.

Provider training and recommendations

James Bowman and Associates (JBA) conducted 10 regional *Kit* trainings. Most (49 of 58) counties sent at least one person to participate in these trainings. County staff generally found the JBA training helpful. However, some believed that the training would have been more appropriate for their local providers. Others believed the JBA training was delivered too late, after counties had developed their own workable distribution strategies.

In the 10-County Study, local providers in only four of the 23 focus groups said they received training on the *Kit*. Those who received training generally found it helpful, and most who were not trained believed that training would be helpful. They suggested that training include a group review of the *Kit*, a discussion about the *Kit*'s components, and information about how to motivate parents to use the *Kit*.

2. Did providers and parents use the *Kit* and find it helpful?

Use of the *Kit* by providers

In the 10-County Study, almost all of the administrators reported that the *Kit* fit well within their existing program. Providers most frequently reported that the *Kit* enhanced the agencies' parenting education messages and facilitated discussion, particularly around discipline. Providers also stated that parents were more open to the information when it came from or was reinforced by a neutral source like the *Kit*. Providers said the *Kit* served as an incentive for parents to attend parent meetings. The *Kit* also provided answers to commonly asked questions, freeing up time to provide other services.

Use of the *Kit* by parents

The Impact Study measured overall use of the pilot *Kit*. As shown in Table 1, during the first six to nine weeks most parents used at least one of the *Kit*'s informational materials. (All *Kit* materials were counted as 'informational' except for the baby book.) *Kit* use was significantly higher among Spanish-speaking parents.

TABLE 1: USE OF THE *KIT* DURING BOTH FOLLOW-UP PERIODS

Group	Use during first 6–9 weeks	Use between 6–9 weeks and 14 months
All *Kit* mothers	87%	60%
Spanish speakers	95%*	79%*
English speakers	82%*	44%*
Partners	53%	35%
Spanish speakers	61%*	54%*
English speakers	43%*	20%*

* All Spanish/English differences significant at p<.01 (chi-square test)

In the first six to nine weeks, most mothers and their partners used between two and four informational components of the *Kit*. In the short term, mothers used more informational parts of the *Kit* if a provider had introduced the *Kit* to them by showing them what was inside.

Between the six-to-nine week follow-up and the 14-month follow-up, parents continued to use the informational portions of the *Kit*. During this time interval, *Kit* use remained significantly higher among Spanish speakers.

By the 14-month follow-up, 47% of all mothers had shared their *Kit* with a relative (other than their partner) or with a friend. Spanish speakers (51%) were more likely to have shared the *Kit* than English speakers (43%).

In the 10-County Study, parents also indicated that they used the *Kit* and liked the option of choosing from a variety of media. Many parents described how they reviewed the *Kit* with their partners. Parents in most of the focus groups reported that they had shared the *Kit* beyond their immediate family.

The *Kit's* helpfulness to parents

In the Impact Study's 6-9 week follow-up, many mothers commented about the *Kit*'s usefulness in caring for their family and obtaining resources. Fourteen months later the pilot *Kit* was assessed in relation to seven key parenting issues: child safety, learning, feeding, breastfeeding, smoking, and health care. Mothers reported the *Kit* helpful for an average of 3.8 of the seven issues, with child safety practices, infant learning, and feeding most frequently reported. The *Kit* was most helpful for Spanish speakers, for mothers whose partner also used the *Kit*, and for women who received the *Kit* while pregnant. It was equally helpful for first time and experienced mothers, and for teen and older mothers.

While the pilot *Kit* used in the earlier Impact Study did not include the discipline video, the *Kit* later distributed statewide and assessed in the 10-County Study included it. Providers and parents in the 10-County Study believed that the *Kit*'s written information and video about discipline were the most informative for parents, followed by the materials about choosing quality childcare. As shown in Table 2 below, when asked in the focus groups what components were most helpful to them, participants most frequently cited the videos.

TABLE 2: MOST HELPFUL COMPONENTS OF THE *KIT* AS REPORTED BY PARENTS IN 27 FOCUS GROUPS[2]

Kit component	Number of parent groups where the *Kit* component was mentioned
Videos[3]	23
Parents guide	15
Brochures	12

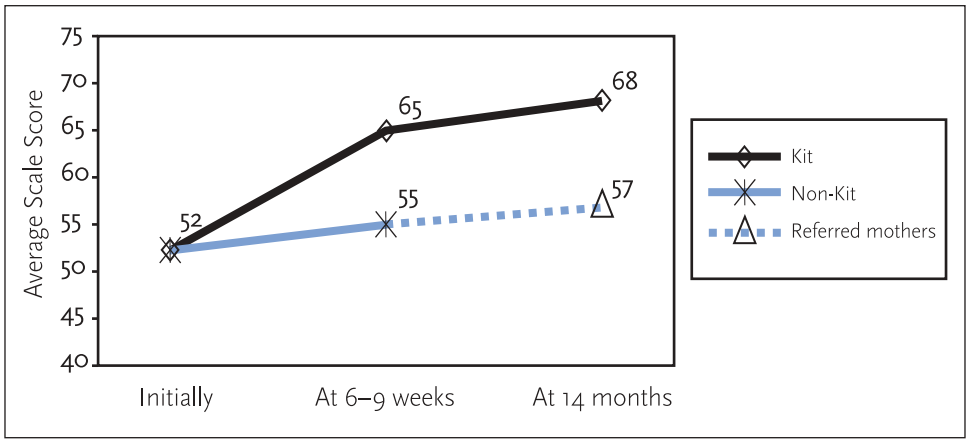
3. Did parents learn from the *Kit*?

Knowledge measured over time in the Impact Study

Greater knowledge gains were found for *Kit* mothers.

Eight core knowledge questions were included in the Impact Study's initial, 6-9 week, and 14-month interviews. A scale score was created to represent parents' knowledge across these eight key areas. As shown in Figure 1, *Kit* mothers made significantly greater gains in parenting knowledge than non-*Kit* mothers in the short term (13 versus three points gain on a 100 point scale). That difference was sustained over time—*Kit* mothers' scores remained 11 points higher at 14 months ($p<.01$).

FIGURE 1: COMPARISON OF GAINS IN CORE KNOWLEDGE FOR *KIT* MOTHERS AND NON-*KIT* MOTHERS



Note: The dotted line from six-to-nine weeks to 14 months for the mothers not receiving the *Kit* illustrates that the 14-month score was measured for a different group of mothers who had not received a *Kit*.

2 Parents in the focus groups held a range of opinions about which *Kit* components were most helpful, therefore, the numbers in Table 2 do not sum to 27, the number of focus groups conducted.

3 The discipline video was most positively received, followed by the video about child safety.

Greater knowledge gains were found for Spanish speakers.

Initially Spanish speakers had significantly lower core knowledge scores (18-19 points less) than English speakers. Yet at 14 months Spanish speakers who had received the *Kit* had closed the knowledge gap with English speakers who had not received a *Kit*.

Greater gains were found for pregnant women.

Pregnant women who received a *Kit* were able to achieve significantly greater knowledge earlier. Six to nine weeks after receiving a *Kit*, they had completely closed the knowledge gap with mothers who received a *Kit* after the birth of their baby. These gains were sustained over time.

Greater gains were found with higher family use of the *Kit*.

In both the short and long term, family use of the *Kit* appeared to have a cumulative effect on knowledge gains—significantly greater gains were achieved if both parents used the pilot *Kit*, if they used more components of the *Kit*, and if they used the *Kit* over time.

Table 3 shows the percentage of mothers correctly answering each core knowledge question at the initial interview, at 6-9 weeks, and at 14 months.

TABLE 3: PERCENTAGE OF *KIT* AND NON-*KIT* MOTHERS CORRECTLY ANSWERING CORE KNOWLEDGE QUESTIONS
CORE KNOWLEDGE QUESTIONS

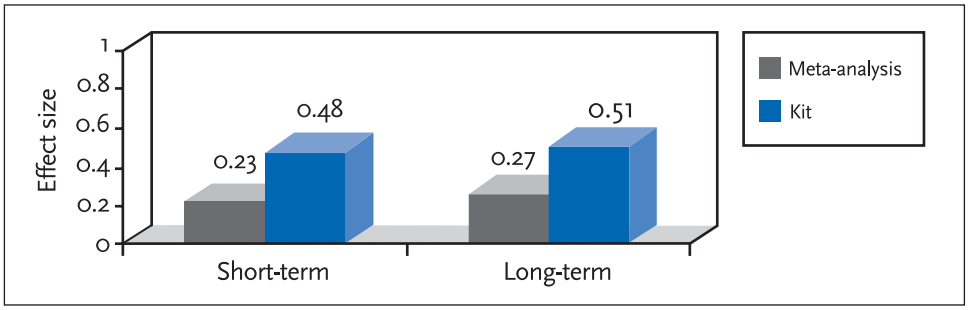
Core knowledge questions	Initially	At 6–9 weeks	At 14 months
1. If you or a friend wanted to quit smoking, would you know where to get help?	*Kit* 32% Non-*Kit* 34%	45%** 34%**	54% 48%
2. If you needed someone to take care of your baby, would you know where to look for a phone number to call to get a list of childcare providers in your area?	*Kit* 34% Non-*Kit* 32%	54%** 33%**	50%** 31%**
3. If you needed it, would you know where to go or call to sign up for free or low cost medical care for babies?	*Kit* 54% Non-*Kit* 54%	63%** 46%**	79%** 65%**
4. Newborns should be put to sleep on their backs.	*Kit* 65% Non-*Kit* 63%	78%** 67%**	66%** 53%**
5. The best way to feed a 2-month old is with breast milk only.	*Kit* 63% Non-*Kit* 67%	71% 71%	75% 70%
6. The best age to start feeding your baby cereal or solid food is four-to-six months old.	*Kit* 60% Non-*Kit* 61%	71% 69%	80%* 73%*
7. The best time to start reading to your child is during the first year.	*Kit* 71% Non-*Kit* 68%	84%** 76%**	83%** 72%**
8. The most important way for babies to learn is by playing with adults.	*Kit* 40% Non-*Kit* 38%	52%** 43%**	52% 45%

*Statistically significant difference (chi-square, p<.05)
**Statistically significant difference (chi-square, p<.01)

The *Kit* results compare very favorably with the results of other studies.

Layzer and colleagues (2001) compared the short and long-term effects of 108 parenting intervention studies in the United States that measured changes in parenting knowledge and attitudes. As shown in Figure 2, the *Kit*'s short-term effect size of 0.48 was more than twice the average effect size (0.23) for the other studies. The long-term effect size for the *Kit* was 0.51, almost twice as great as the average long-term effect size (0.27) for the other studies.

FIGURE 2: SHORT AND LONG-TERM EFFECT SIZES FOR THE *KIT* COMPARED TO 108 OTHER PARENTING INTERVENTIONS



Knowledge measured at 14 months

Fourteen additional questions were included in the Impact Study's 14-month interview. There were significant differences in the answers of *Kit* and non-*Kit* mothers for six of those questions, as shown in Table 4. The remaining eight questions included five questions on food safety for a one-year-old, two questions on recognizing and finding help for speech/hearing delays, and one question on whether it was appropriate to spank a one-year old who repeatedly bites another child.

TABLE 4: ADDITIONAL KNOWLEDGE QUESTIONS WITH SIGNIFICANT DIFFERENCES AT 14 MONTHS

Additional knowledge questions	At 14 months	
Children's brains develop most rapidly when they are under three years old.	*Kit* Non-*Kit*	91%** 83%**
Holding and comforting a crying three-month old baby will not spoil the baby.	*Kit* Non-*Kit*	69%** 58%**
When feeding a one-year old dinner, it is best to let the baby decide what and how much to eat from the plate.	*Kit* Non-*Kit*	75%** 64%**
The most important thing when looking for good quality childcare for children under age two is caregivers who respond well to children.	*Kit* Non-*Kit*	75%** 62%**
If a child isn't walking by 18 months, it is best to call the doctor to ask for an exam.	*Kit* Non-*Kit*	82%* 75%*
Number of features to check out when choosing childcare.	*Kit* Non-*Kit*	3.0* 2.6*

*Statistically significant difference, (chi-square, p<.05)
** Statistically significant difference, (chi-square, p<.01)

Knowledge gains reported in the 10-County Study

Both parents and childcare providers said they had gained knowledge about quality childcare from the *Kit*. Both felt that information in the *Kit* promoted bonding between children and their caretakers. Parents who were raising children with disabilities and guardians who were raising children born to substance abusers wanted the *Kit* to include more information and resources on special needs.

4. Did parents make positive changes in their practices because of the *Kit*?

Parenting practices reported in the Impact Study

Table 5 summarizes the questions about parenting practices for which there were significant differences between the responses of *Kit* and non-*Kit* mothers at the 14-month interview.

TABLE 5: PARENTING PRACTICES WITH SIGNIFICANT DIFFERENCES AT 14 MONTHS

Practice questions	At 14 months	
Number of specific childproofing steps reported	*Kit* Non-*Kit*	2.8** 2.4**
Frequency of reading scale[4]	*Kit* Non-*Kit*	4.0** 3.7**
Well-child health care scale[5]	*Kit* Non-*Kit*	91** 87**
Safe bottle scale[6]	*Kit* Non-*Kit*	93* 91*

*Statistically significant difference, (chi-square, p<.05)
** Statistically significant difference, (chi-square, p<.01)

Questions for which *Kit* and non-*Kit* mothers reported similar practices included breastfeeding initiation and duration, and the baby's age when they introduced solid foods. *Kit* and non-*Kit* mothers also reported about the same amount of talking aloud to their baby during everyday activities, similar crib practices, and whether they had a regular bedtime routine for their baby.

Changes in parenting practices reported in the 10-County Study

Parents reported changes in feeding and reading to their infants and children, childproofing, providing discipline, obtaining health care, and increasing fathers' involvement in parenting. In the Spanish-speaking focus groups, one issue was key—the *Kit* helped increase the father's involvement with the child.

4 The reading scale ranged from one for "rarely or never" to five for "every day."

5 The well-child health care scale ranged from 0 to 100 and summarized results on whether mothers had information on hand regarding when shots are due, had a single place for the baby's medical care, and had a consistent health care provider at that health care site.

6 The bottle scale ranged from 0 to 100 and summarized results for questions on avoiding four unsafe bottle practices: heated up a bottle in the microwave, propped the bottle so the baby could feed alone, put the baby to bed with a bottle, and put cereal in the bottle.

We asked parents what was most useful from the *Kit* in making decisions for their family, and in all but one group, parents said the information and examples for discipline were most helpful to them. In nearly half of the focus groups parents specifically said that the *Kit* effectively modeled alternatives to corporal punishment. Parents also reported that the *Kit* gave alternatives to yelling at young children. Parents believed that after reviewing the *Kit*, other caregivers also used more appropriate discipline and had better relationships with their infants. Additionally, both parents and childcare providers reported that the *Kit* helped them reach consensus with others about how to discipline children. As one mother indicated—

> *"[My husband and I] sat down and watched the discipline [video]. That was the main thing, because he used to always be constantly yelling and screaming. It would give me a headache just listening to him yell and scream at the boys. …I noticed a big change."*

One childcare provider said—

> *"We had been working with a parent because we've had some real discipline issues with the child. The Kit was helpful in getting on the same page with the parent on how to respond to that child."*

5. Did the *Kit* enhance parents' emotional well-being and confidence in parenting?

In response to a five-question scale asked during the Impact Study's 14-month interview, *Kit* and non-*Kit* mothers reported essentially the same level of emotional well-being during the past month.[7] When asked to think back to the first four weeks of their baby's life, most *Kit* and non-*Kit* mothers said they hardly ever or only sometimes felt sad, depressed, or anxious. In addition, they reported similar levels of confidence in what they knew about babies. Mothers were also asked how often they had been able to find the information they needed if they had a question about parenting. Roughly equal numbers of *Kit* and non-*Kit* mothers reported they were able to find the information much or almost all the time.

Parents in the 10-County Study frequently identified with the people in the videos. Some said that when they saw parenting practices similar to their own, they felt validated. When they saw new ways of parenting in the videos, they felt empowered. They also felt it was easy to learn new skills from the videos.

7 The five questions were "How much of the time during the past month have you 1) been a very nervous person? 2) felt calm and peaceful? 3) felt downhearted and blue? 4) felt so down in the dumps that nothing could cheer you up? 5) been a happy person?"

6. What would improve the *Kit* and its distribution?

While administrators, providers, and parents were highly enthusiastic about the *Kit*, many had thoughtful recommendations for improvement. Their primary recommendations were:

Ensure that every new parent is offered a *Kit* through:

- Statewide groups that serve large numbers of families, such as WIC, big HMOs, and family and juvenile courts
- A broader range of programs, including childcare programs, with more focus on children from ages two to five
- Larger allocations to current distribution partners

Support *Kit* distribution and use over time with:

- More training and training materials that include:
  - How the *Kit* was created and its relevance to parents
  - How to orient and motivate parents to use the *Kit*
  - Results of studies of the *Kit*'s effectiveness
- Public service announcements, posters, and information about the *Kit*

Provide more information in the *Kit* about:

- Feeding and nutrition, including breastfeeding
- Normal development and developmental delays
- Fathers' roles in parenting
- Effective discipline techniques
- Issues faced by young parents who have few resources
- Co-parenting when custody is shared
- Toilet training
- Parenting twins, triplets, etc.
- Parenting children with special needs

Make the *Kit* more accessible by providing:

- A DVD version of the *Kit*
- Content ordered by ages and developmental stages
- *Kit*s in a wider variety of languages

Conclusions

This comprehensive evaluation shows that the *Kit* is a successful and cost-effective statewide investment to help parents promote their children's health, development, nutrition, and safety. The investment in the *Kit* has enhanced local programs supported by First 5 County Commissions. In line with current research, the *Kit* employs a variety of media to appeal to parents' different learning styles and reinforce important messages. The *Kit* materials balance practical information with emotional support to enhance parents' motivation and self-efficacy. The videos were found to be particularly effective because they model how to do things. Positive attachment has been identified in the research as promoting child development. Attachment between very young children and their caregivers is consistently and successfully presented, modeled, and reinforced in the *Kit*.

High percentages of parents used the *Kit* and found it helpful.

The *Kit* was equally helpful for first-time and experienced mothers, and for teenage and older mothers.

The *Kit* improved parents' knowledge on important early childhood issues.

Kit mothers had significantly greater knowledge gains on a broad range of key issues—child development, health, nutrition, and safety. The effect size of the knowledge gains attributed to the *Kit* was more than double the average effect size of other parenting education programs in a national review. Yet the cost is substantially lower than that of most other parenting education programs.

The *Kit* improved parents' attitudes and parenting practices.

Measures of parenting attitudes and practices were significantly improved in the areas of comforting and feeding babies, reading to infants and young children, health care, and child safety. Participants reported using more appropriate discipline techniques, and engaging in more productive discussions with their partners and other caregivers.

The *Kit* is most effective if received during pregnancy.

Mothers who received a pilot *Kit* during pregnancy made rapid and sustained knowledge gains and rated the *Kit* more helpful than mothers receiving the *Kit* at birth or later.

The *Kit* was especially effective for Spanish speakers.

Mothers who spoke Spanish made the greatest gains. Spanish speakers used the *Kit* the most, found the *Kit* most helpful, and experienced the greatest gains in knowledge and practices associated with the *Kit*. These evaluation findings support the First 5's current initiative to develop the *Kit for New Parents* in languages other than English and Spanish.

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REPORTS FROM THE *PARENT'S KIT EVALUATION* (available for download http://www.ccfc.ca.gov/kit.htm)

Comprehensive Evaluation Results

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Report from the Literature Review

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Report from the 58-County Survey

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The *Kit* is an innovative model of statewide parenting education developed by **First 5 California** and distributed to 500,000 parents each year.